

Nose injuries

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- Nasal bones in children are unfused and are composed primarily of cartilage therefore **nasal fractures are uncommon in childhood**, particularly < 5 years
- Any facial injury in a non-mobile child is concerning and raises the possibility of **non-accidental injury** – seek senior advice
- Be aware of and look for a **septal haematoma** or **abscess**.
- Any **lacerations involving the cartilage** should be referred acutely to the ENT SHO

Assessment

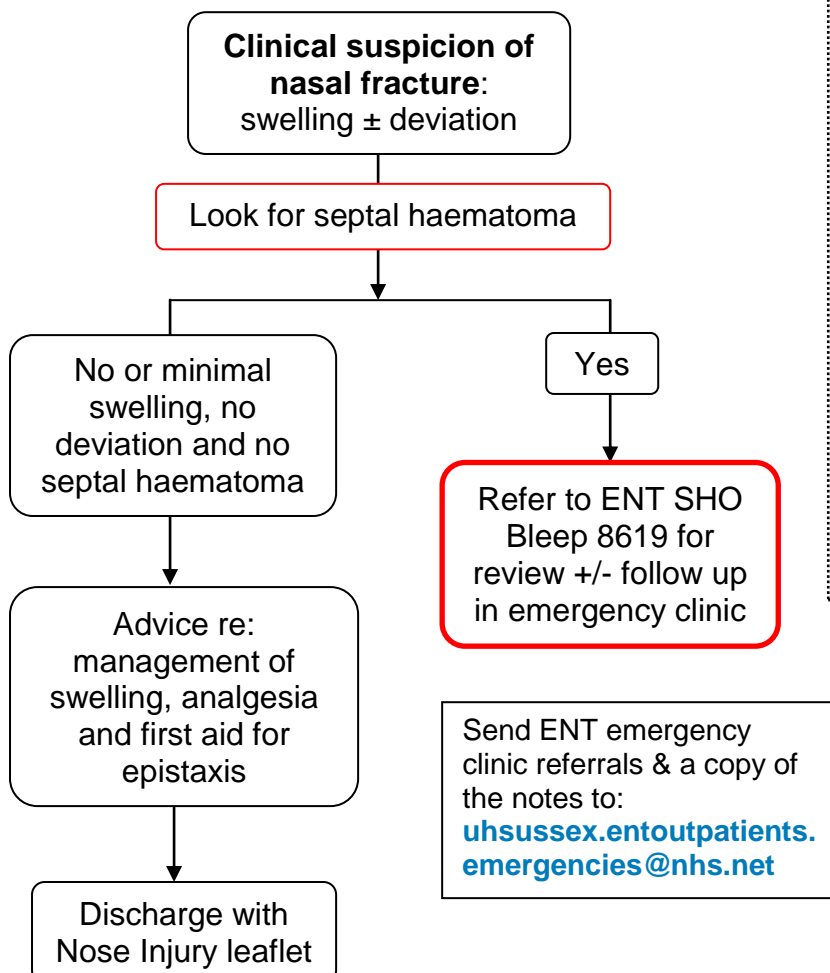
Symptoms of nasal fracture / septal haematoma:

Nasal obstruction
 Epistaxis
 Pain
 Difficulty breathing, smelling or talking

Examination

- Assess for deformity / deviation (may be obscured by swelling)
- Look for nasal lacerations / bruising / swelling
- Periorbital bruising (in absence of other eye findings) suggests a fracture
- Palpate for tenderness / steps / mobility / crepitus
- Inspect nostrils and septum – use a good light source
- Septal haematoma – visible, compressible septal swelling. Usually bilateral
- Check function: is airway clear both sides?
- Both sides blocked + pain ± fever:
?abscess
- X-rays rarely useful in Paediatric nose injuries

Management pathway



Bilateral septal haematoma